

FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4858

vs.

KURT E. KROUT
KARIE S. KROUT

Defendants

CERTIFICATE OF SERVICE
PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

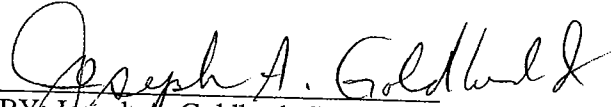
Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☒ Personal Service by the ~~Sheriff's Office~~/competent adult (copy of return attached).
 - ☐ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
 - ☐ Certified mail by Sheriff's Office.
 - ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
 - ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
 - ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.
- IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.**
- ☐ Premises was posted by Sheriff's Office/competent adult (copy of return attached).
 - ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
 - ☐ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,


BY: Joseph A. Goldbeck, Jr.
Attorney for Plaintiff

TO: KROUT, KURT E.

KURT E. KROUT

2180 Spinnerstown Road
Spinnerstown, PA 18968

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
January 18, 2003

REFERENCE: KROUT, KURT E. / USA-0179
03/11/03 Montgomery

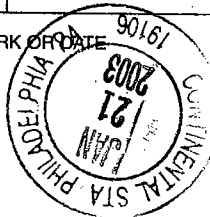
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE



TO: KROUT, KARIE S.

KARIE S. KROUT

2180 Spinnerstown Road
Spinnerstown, PA 18968

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
January 18, 2003

REFERENCE: KROUT, KURT E. / USA-0179
03/11/03 Montgomery

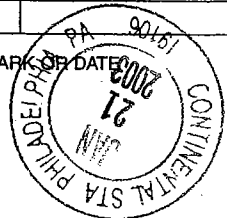
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE



GOLDBECK MCCAFFERTY & McKEEVER

Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

Check type of mail:
☐ Express
☐ Registered
☐ Insured
☐ COD
☐ Return Receipt (RR) for Merchandise
☐ Certified
☐ Int'l Rec. Del.
☐ Del. Confirmation (DC)

If Registered Mail
 check below:
☐ Insured
☐ Not Insured
 Affix stamp here if issued
 as certificate of mailing,
 or for additional copies of
 this bill.

Date of Receipt
 Postmark and

Line	Article Number	Addressee Name, Street and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender if COD	RR Fee	DC Fee	SC Fee	SH Fee	SD Fee	RD Fee
1														
2		WALTER G. ZEMEL 920 Lawn Avenue Suite 10 Sellersville, PA 18960												
3		PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675												
4														
5		DOMESTIC RELATIONS OF MONTGOMERY COUNTY PO Box 311 Norristown, PA 19404												
6														
7		OCCUPANTS/TENANTS 451 Colonial Drive East Greenville, PA 18041												
8														
9														
10														
11														
12														
13														
14														
15														
Total Number of Pieces Listed by Sender			Total Number of Pieces Received at Post Office			Postmaster, Per (Name of receiving employee)								

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

Complete by Typewriter, Ink, or Ball Point Pen

1902 U.S. POSTAGE
 9499 \$03.60
 6265 MAILED FROM ZIP CODE 19106



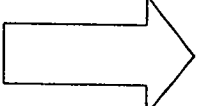

Spant

USA

KURT E. KROUT

CHECK # _____

AFFIDAVIT OF SERVICE

PLAINTIFF/S/ THE UNITED STATES OF AMERICA		COURT NUMBER 02-CV-4858
DEFENDANT/S/ KURT E. KROUT KARIE S. KROUT		<input type="checkbox"/> COMPLAINT - MORTGAGE FORECLOSURE <input checked="" type="checkbox"/> WRIT OF EXECUTION - MORTGAGE ORENCLOSURE <input type="checkbox"/> COMPLAINT - EJECTMENT <input type="checkbox"/> WRIT OF POSSESSION
SERVE  AT		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE KROUT, KURT E.
		ADDRESS (Street or Road, Apartment No., City, Boro, Twp., State and ZIP Code) 2180 Spinnerstown Road Spinnerstown, PA 18968
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:		
ADDRESS OF ATTORNEY FOR PLAINTIFF GOLDBECK McCAFFERTY & McKEEVER Suite 500 - The Bourse Bldg. 111 S. Independence Mall East Philadelphia, PA 19106		

Louis Giacomelli, hereby certifies in accordance with law that he did serve upon above named Defendant a true and correct copy of the above-captioned on the 25 day of JAN 2003 at 1025 o'clock A.M., in the following manner:

- ☐ Defendant(s) personally served.
☒ Adult family member with whom said Defendant(s) reside(s).
 Relationship is SON
☐ Adult in charge of Defendant's residence who refused to give name or relationship.
☐ Manager / Clerk of place of lodging in which Defendant(s) reside(s).
☐ Agent or person in charge of Defendant's office of usual place of business.
☐ _____ an officer of said Defendant company.
☐ POSTED in accordance with Court Order.
☐ Other _____

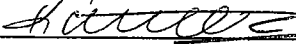
On the _____ day of _____, 20____, at _____ o'clock, ____ .M., Defendant not found because:

☐ Moved ☐ Unknown ☐ Vacant ☐ Other _____

I certify the foregoing to be true and correct.

SWORN TO AND SUBSCRIBED:

Before me this 14 day:
of Feb, 2003:


 Notary Public
 Kathleen M. Lion, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires May 14, 2004

SIGNATURE

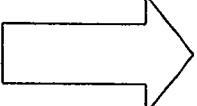
PRINT NAME LOUIS GIACOMELLI

KARIE S. KROUT

CHECK # _____

AFFIDAVIT OF SERVICE

PLAINTIFF/S/ THE UNITED STATES OF AMERICA	COURT NUMBER 02-CV-4858
DEFENDANT/S/ KURT E. KROUT KARIE S. KROUT	<input type="checkbox"/> COMPLAINT - MORTGAGE FORECLOSURE <input checked="" type="checkbox"/> WRIT OF EXECUTION - MORTGAGE FORECLOSURE <input type="checkbox"/> COMPLAINT - EJECTMENT <input type="checkbox"/> WRIT OF POSSESSION

SERVE  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE KROUT, KARIE S.
	ADDRESS (Street or Road, Apartment No., City, Boro, Twp., State and ZIP Code) 2180 Spinnerstown Road Spinnerstown, PA 18968

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:

ADDRESS OF ATTORNEY FOR PLAINTIFF GOLDBECK McCafferty & McKeever Suite 500 - The Bourse Bldg. 111 S. Independence Mall East Philadelphia, PA 19106
--

Louis Giacomelli, hereby certifies in accordance with law that he did serve upon above named Defendant a true and correct copy of the above-captioned on the 25 day of JAN 2003 at 1025 o'clock A.M., in the following manner:

- ☐ Defendant(s) personally served.
☒ Adult family member with whom said Defendant(s) reside(s).
 Relationship is SON
☐ Adult in charge of Defendant's residence who refused to give name or relationship.
☐ Manager / Clerk of place of lodging in which Defendant(s) reside(s).
☐ Agent or person in charge of Defendant's office of usual place of business.
☐ _____ an officer of said Defendant company.
☐ POSTED in accordance with Court Order.
☐ Other _____

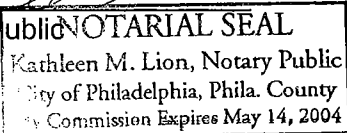
On the _____ day of _____, 20____, at _____ o'clock, ____ .M., Defendant not found because:

☐ Moved ☐ Unknown ☐ Vacant ☐ Other _____

I certify the foregoing to be true and correct.

SWORN TO AND SUBSCRIBED:

Before me this 12 day:
of Feb, 2003.

Notary Public

 Kathleen M. Lion, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires May 14, 2004

SIGNATURE

Louis Giacomelli

PRINT NAME LOUIS GIACOMELLI

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

vs.

KURT E. KROUT
KARIE S. KROUT

Defendants

CIVIL NO. 02-CV-4858

AFFIDAVIT PURSUANT TO RULE 3129

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

451 Colonial Drive
East Greenville, PA 18041

1. Name and address of Owners or Reputed Owners:

KURT E. KROUT
451 Colonial Drive
East Greenville, PA 18041

KARIE S. KROUT
451 Colonial Drive
East Greenville, PA 18041

2. Name and address of Defendants in the judgment:

KURT E. KROUT
451 Colonial Drive
East Greenville, PA 18041

KARIE S. KROUT
451 Colonial Drive
East Greenville, PA 18041

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

WALTER G. ZEMEL
920 Lawn Avenue
Suite 10
Sellersville, PA 18960

DOMESTIC RELATIONS OF MONTGOMERY COUNTY
PO Box 311
Norristown, PA 19404

PA DEPARTMENT OF PUBLIC WELFARE
Bureau of Child Support Enforcement
Health and Welfare Bldg. - Room 432
P.O. Box 2675
Harrisburg, PA 17105-2675


4. Name and address of the last recorded holder of every mortgage of record:
5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS
451 Colonial Drive
East Greenville, PA 18041

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: February 14, 2003


GOLDBECK/McCAFFERTY & McKEEVER
BY: Joseph A. Goldbeck, Jr., Esq.
Attorney for Plaintiff

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF THE UNITED STATES OF AMERICA	COURT CASE NUMBER 02-CV-4858
DEFENDANT KURT E. KROUT & KARIE S. KROUT	TYPE OF PROCESS NOTICE OF US MARSHALL SALE
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN KURT E. KROUT & KARIE S. KROUT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 451 COLONIAL DRIVE, EAST GREENVILLE, PA 18041

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: GOLDBECK McCAFFERTY & McKEEVER Suite 500 The Bourse Building 111 S. Independence Mall East Philadelphia, Pennsylvania 19106	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PLEASE POST HANDBILL

Signature of Attorney or other Originator requesting service on behalf of: <i>Joseph A. Goldbeck</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 1-18-03
---	---	---	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk <i>Cheryl</i>	Date 1-23-03
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 1/21/03 Time 9:15 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges (including endeavors) 1 mile AT	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or 0.36	Amount of Refund
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REMARKS:

posted - white handed over bank to home visit
451 Colonial Dr 18041

NOTE